(Undertaker, Wm orico

(Place of Business, 1715 Ellice Ay

Health Department, City of Baltimore. The Physician who attended any person in a last alliess, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty for hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. Date of Death,_ Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, Cross out the word not required in this line. Age, Days. White Color. Married, Single, Widow or Widower, {Cross out the words not } Occupation,... German Birth Place, {State or country, and how long in the United States, } Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. Neat First (Primary), Second (Immediate), Duration of Last Sickness, Place of Burial, Mount Carmel Date of Burial, Church

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the daty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,...

Bealth Department, City of	
Permit No. 100 Office of Registrar of Vital St	atistics. Ward 17
out, to the Undertaker or other person superintending the burial, within twenty-four sooner, if requested so to do under penalty of law.	entation of this Certificate, accurately fille hours after the death of said deceased.
No Permit for Burial can be Obtained without a Pro	PER CERTIFICATE.
CERTIFICATE OF DI	EATH.
Date of Death, Suly 30	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Ja! Made.	in Hictory
Sex, Male or Female, {Cross out the word not }	
Age, 76 Years, Mont	ths, Day
Color, While	Dag
Married, Single, Widow or Widower, {Cross out the words not }	unied
Occupation, Later	
	foroto mid
Duration of Residence in the City of Baltimore, /3	24.
Place of Death, (Give Street and 108 W. Randall & 3	ectomore
Cause of Death, Second (Immediate),	tisis
Duration of Last Sickness,	1
Place of Burial, Codar Still County to the Physician.	
Date of Burial, aug (st 1887) 34	D1.11.
(Undertaker, armstrong & Denn)	Medical Attendant.
mist lab	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and he cause and date of death

Days. (First (Primary), Valvalar Near Disease | Place of Business, /

dans is aespectivity invited to the aemarks below, and to list of Diseases on back of this Certificate.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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n Departments City of Baltimore. Permit No. Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the barial, within treaty for the presentation of this Certificate, accurately filled out, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate. Date of Death, Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not required in this line. } Age, Years. 14 Months, Color. Married, Single, Widow or Widower, {Cross out the words not } . Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,... $Place\ of\ Death, \{^{ ext{Give Street and}}_{ ext{Number.}}\}$ Cause of Death, First (Primary), Second (Immediate), Choler Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Date of Burial, (Undertaker, Place of Business,

Days. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause loves 1

	Choard of Mealth, Vity of Baltimore.
	Permit No. 1004 Office of Registrar of Vital State
	The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled or requested so to do, under penalty of law in the four set within twenty for flow, after the death of said decreased.
	to the Undertaker or other person superintending the buried within twenty for flow, after the death of said deceased, or sooner No Permit for Buriah can be Ordered within the Without a Proper Certificate.
	CERTIFICATE OF DEATH.
	Date of Death, Gilly 3/2/884
	Full Name of Deceased. \ \begin{cases} \text{Write legibly and spell correctly. If an infant not named, give names of parents,} \end{cases} \ \text{Omega may be a single of parents} \ Omega ma
	Sex, Male or Female, Cross out the word not mequired in this line.
	Age, 69 Years, Months.
	Color, Wonths, Days
	Married, Single, Widow or Widower, Cross out the word not married Manuel
	Occupation ondemaker
	Birthplace, State or country, and how long in the United States. For foreign birth.
	Duration of Residence in the City of Baltimore,
	Place of Death. (Give street and) 405 Coandow or (W
<u> </u>	Course of Day
	Gause of Death. Second (Immediate). Channe desine desine
	Duration of Last Sickness, & Gellin
	Place of Buried Ballin out Cometern
II SI	Date of Burial August 3° 1887 1 0 9 1
	Undertaker John D. Macher Medical Attendant.
	Place of Business. No 150 Camolin Address, 576 Hanvier
	Extract from Regulations of the Poord of Harth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Departi	ment, City of Balt	imore. (12)
Permit No. 1865 Office of R.	egistrar of Vitalistotistics	. Ward 2 =
The Physician who attended any person in a last it to the Undertaker or other person superintending the brequested so to do, under penalty of law.	llness, a responsible for the present tion of this purial, within Arthur four hours after the death BE OBTAINED WITHOUT A PROPER CURTIFIC	of said deceased, or somer, in
	TIMORE NO.	
CERTIFICA	ATE OF DEAT	Н.
Date of Death, July	31 - 1887	il
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.	William .	Heen
Sex, Male or Female, (Cross out the word not required in this line.)		
Age, 12 Years,	Months,	Days.
Color, White	1/	
Married, Single, Widow or Widower, { creq	oss out the words not }	
Occupation,	0	7. //
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Waltemore,	md,
Duration of Residence in the City of I	Ballimore, Courter q	and the same of th
Place of Death, {Give Street and }	v. Cor. Baker	Saveron I for
Cause of Death, $\{\begin{array}{c} \text{Number.} \end{array}\}$ Second (Immediate).	Exhaus fin	entery
Coccond (Immediate),		
Duration of Last Sickness, All the above information should be furnished by the Physic		
Place of Burial, Bolto 68%	nebry	
Date of Burial, Aug 2. 188	87 91 Which	M. D.
(Undertaker Mostin Fra	ky	Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Busines 60671 Lowen Smithess,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Des	gartment, (Lity of B	altimore.	0 11
ermit No. 1866 office	of Registran	of Dicher Struis	tics. Ward	2
The Physician who attended any person the Undertaker or other person superintendent	in a last illness is respons	this in the presculation	of this Certificate, accur	rately filled out, or sooner, if
equested so to do, under penalty of law.	BIAL CAN BE OBSLINED	1001		1
CEDTIE	TCATE	MORELE	ATII	03
CERIII	TICATE	-/	AIM.	
Date of Death,	July 30	th 1887	0.0	
Full Name of Deceased, Write legible correctly. In not named, of parents.	y and spell from Infant give names	derick M	e bleu	
Sex, Male or Female, Cross out the wo	rd not }		<i>ay</i>	
Age,Year	rs,	/ O Months,	g	Days.
Color,	Whe	le		
Married, Single, Widow or Wido	wer, { Cross out the words n	ot}	1/	
Occupation,		7	-U	
Birth Place, State or country, and how long in the United States, if of foreign birth.		Cels-	n's	
Duration of Residence in the Ci	ty of Baltimore,	Since		
Place of Death, {Give Street and }	¥ 72	o S. Dalla	s sh	
$\textit{Cause of Death}, egin{cases} ext{First (Primary)}, & \ & \ & \ & \ & \ & \ & \ & \ & \ & $	01	0 9 1	4	-
Second (Immediate	//)	lera Infa	ulum)
Duration of Last Sickness, All the above information should be furnished by	th Physician	weeks	- 4:	
Place of Burial, Mount	Carmel Ces	n.	0	
Place of Burial, Mount	0687)	hn H. Re	I lance	
(Undertaker, SI 34)	ranco	in i i i i i	Medical Attendant.	М. Д.

Place of Business, Jon 4 Molf Address, 4/709 ale Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Bealth Department, Oity of Baltimore.
Permit No. 1867 Office of Registrant of Vital Statistics. Ward 2
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 31, 1887
Full Name of Deceased, {Write legicly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Male
Age, 72. Years, 7. Months, & Days
Color, Irhile
Married, Single, Widow or Widower, {Cross out the words not } Marries.
Occupation, + Farmer.
Birth Place, \{State or country, and how long in the United States, \} Bavaria, Jermany.
Duration of Residence in the City of Baltimore, 240.
Place of Death, (Give Street and) 605.5 Wolf, Str.
Cause of Death, { First (Primary), Sulmonary Phlheses Second (Immediate), Asthenia
Duration of Last Sickness, Lyn, All the above information shows be carnished by the Physician.
Place of Burial, Holy Redeemes Cenor.
Date of Burial, Alig 10 t 87 1 14 9
(Undertaker, G. Tranco Medical Attendant
Place of Business, & Jan & Worfe Staddress, 233. S. Ann Str.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Property of Chipstonians is independently invited to one inclinates below, and to his of black of
Bealth Department, City of Baltimore.
Permit No. 1868 Office of Registrar of Vilate Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, They 3 May 1883
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, J. Days.
Color,
Morried, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, Second (Immediate),
Duration of Last Sickness, All the above information should be fyrnished by the Physician
Place of Burial, Holy Cross Cem.
Date of Burial, Aligioty)
(Undertaker, Glornana) Redical Attendant.
Place of Business, Bon & & Holy Address, 2826 Celed Le

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Bealth Department,	Gity of Baltimore.	
Permit No. 1869 Office of Registra	er of Vital Statistics. Ward	18
The Physician who attended any person in a last illness, is resto the Undertaker or other person superintending the burial, within requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAIN	sponsible for the presentation of this Certificate, act twenty four hours after the death of said decease	ed, or sooner, it
CERTIFICATE	OF DEATH	-
Date of Death,	3 2 4 0 10 1	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	ani Curty	7
Sex, Male or Female, {Cross out the word not required in this line.}	7. 4.	Dava
Age, Years	Months,	Days.
Color,	each	
Married, Single, Widow or Widower, {Cross out the wo	rds not }	
Occupation;	1/2	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	word m	ec.
Duration of Residence in the City of Baltimore	е,	71
Place of Death, {Give Street and }	a Dun of he	it.
Cause of Death, Second (Immediate),	whay	
Duration of Last Sickness, All the above information should be furnished by the Physician.	Mus (5) mine	
Place of Burial, Maches temleny	1 121	7
Date of Burial, July 31 1887	110/1/	1 21 0
Undertaker, Il Stost	Medical Attends	ant.
Place of Business A Mile and A	ddress.	wheel

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baitimore.

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[OVER.]